

Name In Full

Certificate of Death

Maria Bailey

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1

1

Age

18

0

12

Md

Housework

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Alex. Bailey

Mary Slater.

Cause of

Primary

Pneumonia with Cerebro-Spinal Meningitis 2 or 3 days

How long sick

Death

Immediate

Paralysis of Respiration

~~Accident, Suicide, Homicide~~

Reported by

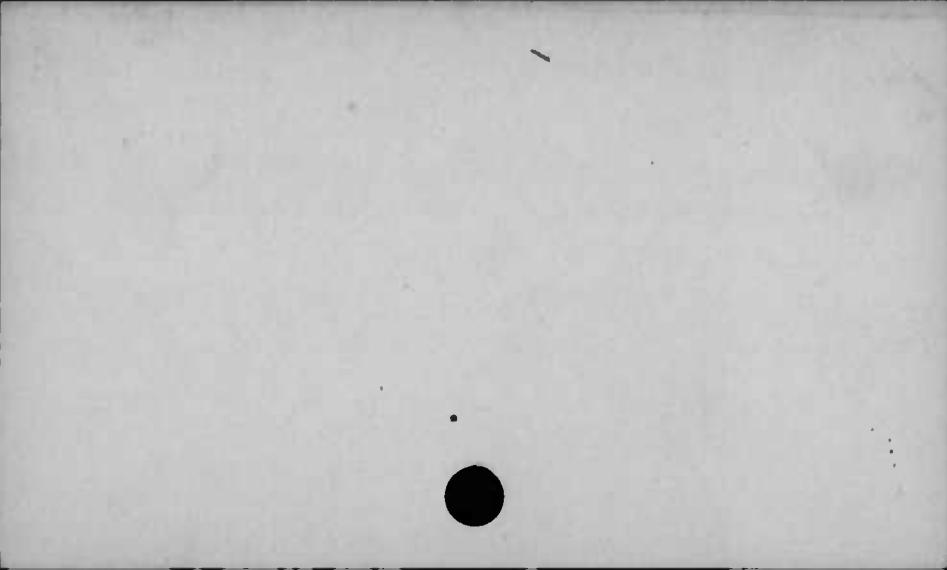
E. E. Wolff, M.D.

Address

Cambridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79208



Name in Full

Certificate of Death

Nancy Bowen

Town

County

Died at

Memor

Dorchester

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 Jan 17

Age

7 -

Memor

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Charles Bowen

Mother's

Maiden Name

Nancy Stuart

Cause of

Primary

Death

Immediate

Leprosy

9

How long sick

10 days

Accident, Suicide, Homicide

Reported by

Address

Charles Bowen

Memor and

Geo W McCreary

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

undertake

LIBRARY BUREAU, 79898



Elizabeth <sup>✓</sup> Carr

Town

County

Died at

Crownsville

Bar

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan 2

Age 70

Bar. Co

Housework

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

2

~~Husband~~ of

Wife

Charles Carr

Father's

Mother's

Name

Maiden Name

Amy Gibson

Cause of

Primary

Rheumatism

How long sick

6 mos

Death

Immediate

Old Age 48

Accident, Suicide, Homicide

Reported by

S A Stokes

m b

Address

Crownsville

m b

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James Cornish

Town

County

MARYLAND

Died at

Church Creek

Dorchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan 12

Age

58

Maryland - Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Singl~~~~Widower~~

Number of children living

5

Husband

~~Wife~~

Father's

Name

Annie M. Cornish

Mother's

Name

Don't know

Don't know

Cause of

Primary

Pneumonia

Death

Immediate

Asphyxia

How long sick

Don't know -  
died soon after I reached him

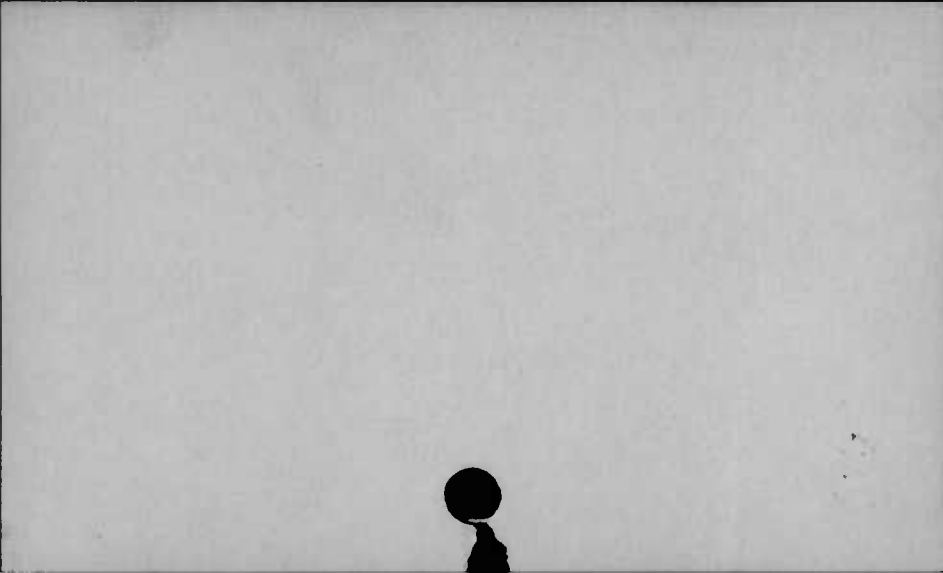
Accident, Suicide, Homicide

Reported by

Address

B. L. Lott, M.D.

Church Creek, Md.





Name in Full

Certificate of Death

Charles Newton Brighton

Town

County

Died at

Cambridge

Winchester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of Alpine Ross

Father's

Name

Wm. Brighten

Mother's

Maiden Name

Agnes Newton

Cause of

Primary

Death

Immediate

acute heart failure

How long sick

found dead in bed

Accident, Suicide, Homicide

Reported by

Guy Stuck M.D.

Address

Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

1



Name in Full

Certificate of Death

Emma Jane Farrare

Town

County

Died at

G. N. Markle-

D.C.

MARYLAND

Date 189

1912

Month

Day

Y.

M.

D.

Native of

Occupation

1

31st

Age

57 6

Md.

Housewife

Male

~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

None

Husband of

Charles Farrare

Wife

Father's

Name

Not Known

Mother's

Name

Not Known

Cause of

Primary

How long sick

12 months

Death

Immediate

Tuberculosis 27

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Mr Wm Hoge ✓

Died at *Mar* Town *Cauldage* County *Dorchester* MARYLAND

|                 |                  |              |              |                           |              |                          |                             |
|-----------------|------------------|--------------|--------------|---------------------------|--------------|--------------------------|-----------------------------|
| Date 1902       | Month <i>Jan</i> | Day <i>2</i> | Y. <i>82</i> | M. <i>82</i>              | D. <i>82</i> | Native of <i>Germany</i> | Occupation <i>Housewife</i> |
| <del>Male</del> | White            | Married      | Widow        | Divorced                  |              |                          |                             |
| Female          | Colored          | Single       | Widower      | Number of children living | <i>2</i>     |                          |                             |

Husband of *Wm Hoge*Wife  
Father's Name  
Mother's Maiden Name

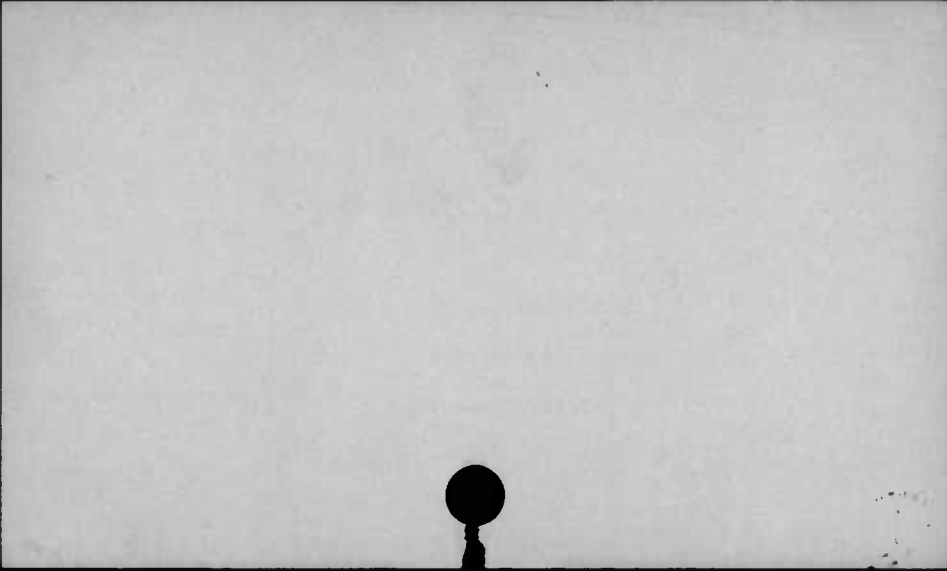
|          |           |                  |                             |                |
|----------|-----------|------------------|-----------------------------|----------------|
| Cause of | Primary   | <i>Pneumonia</i> | How long sick               | <i>10 days</i> |
| Death    | Immediate | <i>E. Lauton</i> | Accident, Suicide, Homicide |                |

Reported by *D. W. G. Brown*

Address

Must be signed by physician, if any in attendance, otherwise by *funer*, undertaker or minister.

LIBRARY BUREAU, 75898



Name  
in  
Full

Julian Jackson

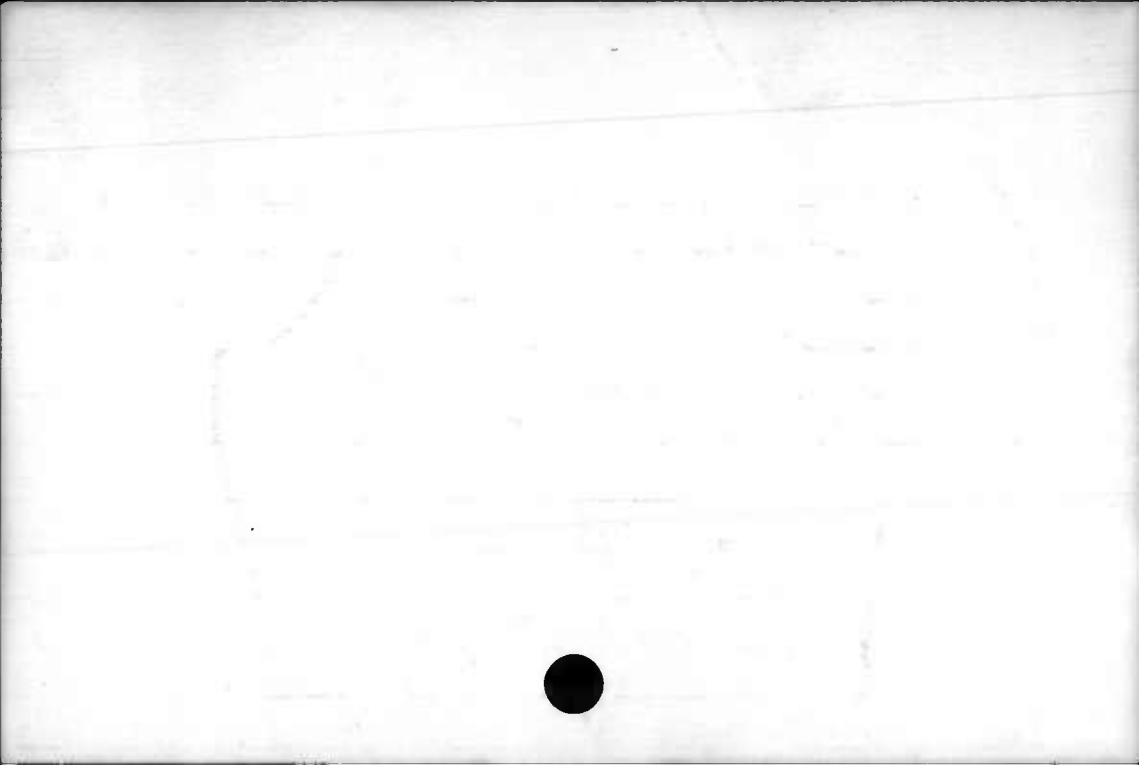
10  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

|   |                              |                                     |                              |                         |               |
|---|------------------------------|-------------------------------------|------------------------------|-------------------------|---------------|
| Died at <u>Cambridge</u> <sup>Town</sup>                |                              | <u>Winchester</u> <sup>County</sup> |                              | MARYLAND                |               |
| Date of death 190 <u>2</u>                              | Month <u>1</u>               | Day <u>31</u>                       | Age <u>19</u> Years          | Months <u>—</u>         | Days <u>—</u> |
| Sex <u>male</u>   | Color or Race <u>colored</u> |                                     | Birth-place <u>WV Co. Md</u> |                         |               |
| Married, Single or Widowed <u>single</u>                |                              |                                     | Occupation <u>lab-ovr</u>    |                         |               |
| Name of Wife or Husband <u>—</u>                        |                              |                                     |                              |                         |               |
| Father's Name <u>not-mentioned</u>                      |                              |                                     |                              | Father's Birthplace     |               |
| Mother's Maiden Name <u>not-mentioned</u>               |                              |                                     |                              | Mother's Birthplace     |               |
| Name of person giving information <u>thrift records</u> |                              |                                     |                              | How related to deceased |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <u>poor diet and spirit hand</u>  | How long <u>16 days</u>                  |
| Immediate <u>phlebotomy</u>   | How long <u>one week</u>                 |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>John Moore</u> |
|   | Address <u>Cambridge Md</u>              |
| Accident or Suicide?  |  |





Name in Full

Certificate of Death

Walter James

Town

County

Died at

Coulndge

Dorchester

MARYLAND

Date

902

Month

Day

Y.

M.

D.

Netive of

Occupation

Jan 4

Age

21

Smith

Writer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Edward James

Mother's

Name

Cause of

Primary

Typhoid fever

How long sick

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

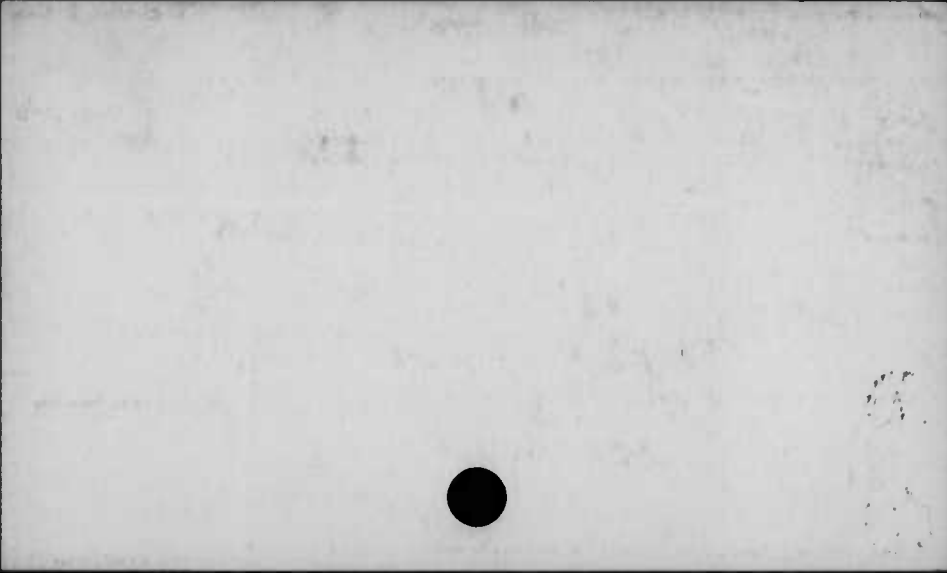
John Mace

Address

Coulndge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706



Name in Full

Certificate of Death

✓  
 Willey Jones

Town

County

Died at

Winchester  
 Loudoun Co

MARYLAND

1902  
 Date 1902  
 Month January  
 Day 14  
 Y. 1  
 M. 5  
 D. 3  
 Native of Loudoun Co  
 Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband  
 of  
 Wife

Father's Name  
 Isaac H Jones

Mother's Name  
 Nora

Cause of Death  
 Primary Heart trouble finally  
 Immediate Hydrophobic poisoning

How long sick

17.5 m. 3 d

Accident, Suicide, Homicide

Reported by

J. A. Combs  
 Winchester Loudoun Co Md



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



*Harick Kinnard*

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

*James* *La.*  
*Jan 6* *35* *La. Co* *Housework*  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living *3*

Husband of

Wife

Father's

Name

*27*  
 Mother's  
 Maiden Name

Cause of

Primary

*Tuberculosis of lungs*

How long sick

Immediate

Accident, Suicide, Homicide

Reported by

Address

*S A Stokes*  
*1* *Carneysville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Basinville

Name In Full

Certificate of Death

William Nichols

Town

County

MARYLAND

Died at

Cambridge Dorchester

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

July 31

Age

59

Dorchester Co.

Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Sing~~~~Widower~~

Number of children living

eight

Husband

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Consumption

Death

Immediate

How long sick

2 yrs.

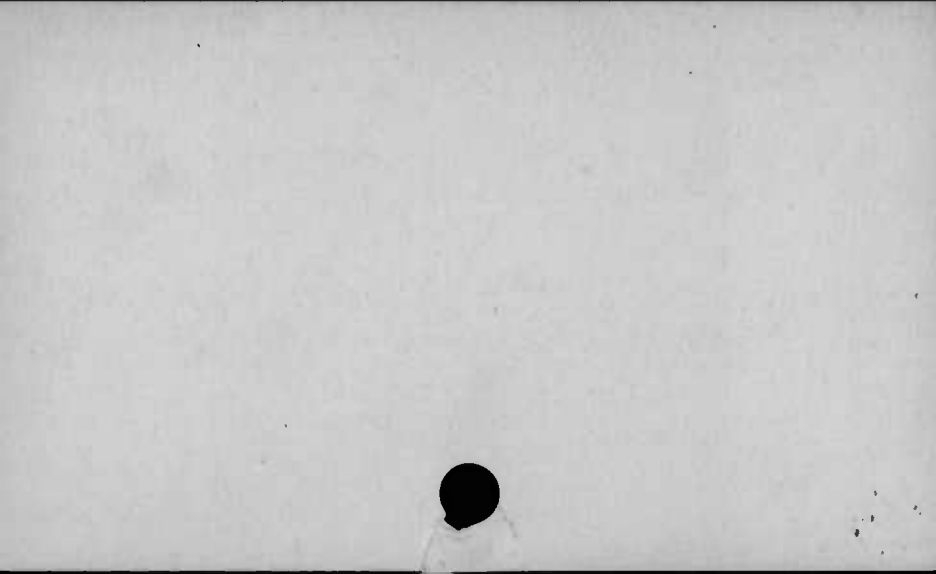
Accident, Suicide, Homicide

Reported by

LeCompte & Harper  
Cambridge Ma

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Burley Parker

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 Jan 30

Age

2

Mama

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Edward Parker

Mother's

Maiden Name

Ethel Parker

Cause of

Primary

enteritis

Death

Immediate

How long sick

8 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79298



Name in Full

Certificate of Death

Mary Pistorick

Town

County

MARYLAND

Died at

Spartanburg

Dorchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

1/22

Age

1-1-13

Poland

Shannon

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

How long sick

4 days

Death

Immediate

Hemorrhage of stomach

Accident, Suicide, Homicide

Reported by

V. S. Aitch.

Address

Spartanburg, S.C.

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Wm. Jackson Thomas

Town

County

Died at

Cambridge

Overholt

MARYLAND

Date 1904

Month

Day

Y.

M.

D.

Native of

Occupation

Age

54

md.

sailor

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's

Name

Edw. Thomas

Mother's

Maiden Name

Margaret E. Elliott

Cause of

Primary

Paralysis

(3rd stroke)

How long sick

12 months

Death

Immediate

Cerebral embolism

~~Accident, Suicide, Homicide~~

Reported by

Guyton M.D.

Address

Cambridge md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Alevia H. Waters

Died at <sup>Town</sup> Cambridge <sup>County</sup> Dorchester MARYLAND

Date 1902 <sup>Month</sup> 1 <sup>Day</sup> 22 <sup>Age</sup> 28 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Md <sup>Occupation</sup> Child

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Wm B. Waters Mother's Name Laura E. 93

Maiden Name

Cause of Death { Primary Pneumonia, Whooping Cough. How long sick  
 Immediate Accident, Suicide, Homicide

Reported by

E. E. Wolff M. D.

Address

Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79834





Name in Full

Certificate of Death

Mindsen

Town

County

Ainsley

Borchester

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1904

1

20

Age

1-3

md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

W. W. Mindson

Mother's

Maiden Name

Mary C. Palmer

Cause of

Primary

Malnutrition

Death

Immediate

Exhaustion

How long sick

1 m. 3 days

Accident, Suicide, Homicide

Reported by

Guy Steele md.

Address

Cambridge md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Margaret Woolford

Town

County

Died at

MARYLAND

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

Cambridge

Dorchester

Age

38

Dr. Co.

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Seven

Husband

of

Wife

Father's

Name

Henry Woolford

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Consumption

How long sick

9 months

Accident, Suicide, Homicide

Reported by

Address

LeCompt &amp; Harper

Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Mary F. Umphries*  
 Town *Cambridge* County *Dorchester* MARYLAND

Died at *Cambridge Dorchester*

Date 19*02* Month *1* Day *2* Age *32 11 22* Native of *Md* Occupation *Drumcker*

~~Male~~ ☒ White ~~Married~~ ☒ ~~Widow~~ ☒ ~~Divorced~~ ☒  
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living *4*

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name *James H. Umphries* Mother's Maiden Name *Katia E. VonderSmith*

Cause of Death { Primary *Rheumatism* How long sick *About 4 months.*  
 Immediate *Heart Failure + Uremia* ~~Accident, Suicide, Homicide~~

Reported by *E. E. Wolff, M.D.*

Address *Cambridge, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

